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Attorney Docket No.: SolAqua-PAUS0001
Today's Date: February 22, 2008
Attorney: Kevin A. Wolff
Fee Transmitted Herewith: \$0.00
Serial No.: 09/845,359 ✓
US Patent No: 6,767,433
Filing Date: May 1, 2007
Title: **SYSTEM AND METHOD FOR SOLAR DISTILLATION**
Inventors: Robert E. Foster

VIA US MAIL

THE DELIVERY HEREOF ACKNOWLEDGES RECEIPT OF:

DOCUMENTS BEING FILED:

- (1) Transmittal Form
- (2) Change of Correspondence Address Application (PTO/SB/122)

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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

		Application Number	09/845,359 US Patent No.: 6,767,433
		Filing Date	May 1, 2007
		First Named Inventor	Robert E. Foster
		Art Unit	1764
		Examiner Name	Virginia Monoharan
Total Number of Pages in This Submission	3	Attorney Docket Number	SolAqua-PAUS0001

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
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<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
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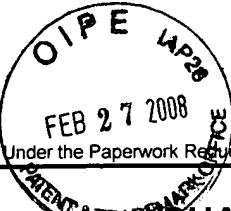
Firm Name	Wolff Law Offices, PLLC, P.O. Box 9855, Chapel Hill, NC 27515-9855		
Signature	/Kevin Alan Wolff/		
Printed name	Kevin Alan Wolff		
Date	02/22/2008	Reg. No.	42,233

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

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Application Number	09/845,359
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Attorney Docket Number	SolAqua-PAUS0001

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I am the:

- Applicant/Inventor
- Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- Attorney or agent of record. Registration Number 42,233
- Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____.

Signature /Kevin Alan Wolff/ 

Typed or Printed Name Kevin Alan Wolff

Date February 22, 2008

Telephone 919-933-9684

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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